



NAVY MEDICINE
World Class Care...Anytime, Anywhere

Issue 14
July 18, 2008

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Item of Interest:

West Nile Virus (WNV). It can be scary to think about it, but a single mosquito bite can give you WNV. There are many of the people who get bitten by an infected mosquito won't get sick. They're lucky. Others aren't as lucky—More than 27,600 people in the U.S. have been reported with WNV disease since 1999, and of those 11,000 have been seriously ill and over 1,000 have died. But remember, people can develop WNV from mosquito bites. Symptoms include fever, headache, body aches and nausea. Sometimes you can't change your luck, but there is something you can do to improve your odds of avoiding West Nile virus. You can use a repellent. Use it on your skin, when you go outside. And not just on you, but on family and friends too. Wearing pants and long sleeve shirts will also help protect you and your loved one from bites. For more information on WNV, visit <http://www.cdc.gov/Features/WestNileVirus/>

Navy and Marine Corps Medical News

A Public Affairs Publication of the Bureau of Medicine and Surgery

DoD Breaks Ground on Massive Medical Education Training Campus

By Larry Coffey, Navy Medicine Support Command Public Affairs Office

FT. SAM HOUSTON, Texas — A ground-breaking ceremony was held here July 10, marking the official beginning of the facilities construction phase of the Medical Education Training Campus (METC).

Army, Air Force and Navy Medicine were represented by Lt. Gen. Eric Schoomaker, Army Surgeon General; Maj. Gen. Melissa Rank, Air Force Assistant Surgeon General, Medical Force Development; and Rear Adm. Richard Vinci, Commander, Navy Medicine Support Command.

"The METC stakeholders come from all the services, and I could see that reflected in the people attending this ceremony," Vinci said. "The Navy Surgeon General, Admiral Adam Robinson, Jr., probably

said it best – we are all committed to an integrated inter-service education and training system that leverages the assets of all DOD health-care practitioners. It's the right thing to do."

Rank, the keynote speaker for the ceremony and currently serves as the Chair of the METC Flag Officers Steering Committee, said, "Today, we moved closer toward recapturing the common bond of medicine that links the unique capabilities of each of the military services, on common ground - the historic, revered, cherished grounds of Fort Sam Houston. A place where the concept of 'train as you fight' has a long rich history and where all the services will come, bringing their rich histories and together

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DILI, Timor-Leste - Hospital Corpsman 2nd Class Stephanie Perezsantiago prepares a patient for a computed tomography scan aboard the Military Sealift Command hospital ship USNS Mercy (T-AH 19) July 13. U.S. Navy photo by Mass Communication Specialist 1st Class Danny Hayes-rele

New Walter Reed National Military Medical Center Construction Underway

By Hospital Corpsman Dustin Perry,
National Naval Medical Center Public Affairs

BETHESDA, Md. - The future of military medicine began a new era July 3 in Bethesda, as President George W. Bush helped break ground for construction of the new Walter Reed National Military Medical Center.

The new medical center comes as a result of the 2005 Base Realignment and Closure process to create an integrated state-of-the-art medical facility for military members.

Both the National Naval Medical Center and Walter Reed Army Medical Center will combine to treat and care for service members and their families. The hospital will provide services for a variety of needs — from routine medical appointments to highly unique specialties.

The facility will also serve as the military's premier facility for treating service members wounded in the Global War on Terrorism.

Deputy Defense Secretary Gordon England said the future medical facility will provide service

members with the care they need and deserve. Families of those injured in combat are important to the recovery process, he said, and can now rest assure their loved ones will receive the best possible care available.

"Our warriors are our country's most important resource and when they return injured or ill from war, we must care for them without fail," England said. "Those who have earned our freedoms for us are guaranteed the best care and benefits."

Bush turned the shovel just as another president did nearly 69 years ago to the day. President Franklin Roosevelt, and other officials, began the initial construction June 29, 1939.

Bush said he was proud of the steps military medicine has taken to ensure the treatment and care of the wounded remains paramount during a time of conflict. The future center will be host to a variety of remarkable health care advancements and research, he said.

"I'm so honored to be here...for what is a grand occasion, the breaking of ground of a new joint



BETHESDA, Md. - President of the United States George W. Bush and other Department of Defense officials break ground for the new Walter Reed National Military Medical Center during a ceremony at Bethesda Naval Hospital in Maryland July 3. U.S. Air Force photo by Tech. Sgt. Jerry Morrison

medical facility for the men and women of our armed forces," Bush said. "With this new center wounds will be healed, medical knowledge

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NMCB 17 Corpsmen Care for Iraqis

By Mass Communication Specialist 2nd Class Kenneth W. Robinson, 22nd Naval Construction Regiment Public Affairs

FALLUJAH, Iraq - Hospital corpsmen assigned to Naval Mobile Construction Battalion 17 (NMCB 17), recently conducted health outreach operations in Fallujah, Iraq.

Cmdr. Gabriel Lee, 22nd Naval Construction Regiment (NCR) regimental surgeon, along with Marine Headquarters Group Guardian Company, 3rd Squad, worked with the NMCB 17 team.

As part of the project, the joint crew provided minor medical and oral care to local civilians of the village.

"It's fulfilling to know that I am helping the Iraqi community," said Chief Hospital Corpsman Teri Brookins.

During the operation, Brookins and Hospital Corpsman 2nd Class Lisa Haro treated more than 35 women and children and passed out a number of hygiene products such as soap, toothbrushes, toothpaste and over-the-counter vitamins.

"These children live so differently than my own. I look at the pictures of my kids, and then I see these children and wonder how they survive like this. The little things we take advantage of in the states, like clean, good water and the ability to take a shower daily," remarked Brookins.

"Nutrition, or lack of it, is the biggest problem I see in these children. Chewable vitamins are our biggest commodities. We give them to each child in hopes that it might just help a little," she added.

Haro commented on how the operation helps build trust between local Iraqi villagers and coalition forces.

"To date, this is the most rewarding service I have done in Iraq. Most of the time when we first arrive, the women and children are intimidated by our tactical vests, Kevlar helmets, weapons and confidence," said Haro. "But once we remove that 'warrior' image and make ourselves appear approachable while retaining our confidence, we are greeted with smiles and hand shakes."

Navy Surgeon General Visits Yokosuka

**By Mass Communication Specialist
3rd Class Gabriel S. Weber, Fleet
Public Affairs Center Det., Japan**

YOKOSUKA, Japan - The Navy's surgeon general paid a visit to Commander Fleet Activities Yokosuka as a part of his tour of Naval hospitals in the Western Pacific.

While in Yokosuka, Surgeon General, Vice Adm. Adam Robinson Jr. served as the keynote speaker in a change of command ceremony for U.S. Naval Hospital, Yokosuka, which he commanded from 2001 to 2004. He spoke about the importance of Navy medicine in the region and applauded the efforts and accomplishments of the medical community.

"Navy medicine is not only here to do the force health protection mission from an operational point and expeditionary point of view,"

Robinson said. "We are also capable of exceptional family member programs."

Robinson added that the medical staff in Yokosuka will play a critical role as the base prepares to welcome USS George Washington (CVN 73), which is slated to replace USS Kitty Hawk (CV 63) as the Navy's only forward-deployed aircraft carrier.

"As George Washington begins its new operations here very soon, and as 1,500 families that are coming with the George Washington are arriving here, we have to make sure that we provide patient family-centered care," Robinson said.

"We are here for those families so they will know that they are fully protected and fully cared for by the Navy."

Robinson also attended a mural

unveiling. The artwork commemorates members of Yokosuka's medical community who have deployed in support of the Global War on Terrorism (GWOT).

Hospital Corpsman (HM) 3rd Class Jun Youngran, a native of Pensacola, Fla., who created the mural, said she hopes it will be source of pride for the Navy's medical community.

"I just feel that instead of people being remembered when something tragic happens, we can have something to show for it and it's something people will look at every day and say, "This is what we do," Youngran said.

"When I was drawing it, people would come up to me and stare at

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METC continued...

(Continued from page 1)

breathe life into the word METC."

"This historic event marks the beginning of another chapter in the quest for finding a common purpose in the training of military medical professionals in whose hands lay the lives of the nation's heroes – the men and women serving in the armed forces. There can be no greater reason than that, for us to get this right. Not only for those who willingly put themselves in harms way but for the medics who will train here and care for them. Our warfighters, their families, and the medics are our nation's treasure," Rank added.

The joint-service METC is scheduled to open in phases between 2010 and 2011 and will be the largest consolidation of service training in DOD history. The targeted completion date is prior to Sept. 15, 2011, the 2005 Base Closure and Realignment Commission (BRAC) initiative deadline, said Cmdr. Chris Garcia from the tri-service METC Transformation and Integration Office (TIO).

The 11 facilities under construction include three 1200-student dormitories, a dining facility, five medical instruction facilities, a Navy and Air Force command building, and a field training site located off Ft. Sam Houston at Camp Bullis just outside of San Antonio.

The planning process that led to the ground breaking has been extensive. Garcia said identifying the facility requirements was a team effort between the METC TIO; the Army, Navy and Air Force medical learning centers located across the nation; and several other military organizations.

"We had to first come together and identify what the

new METC would look like and how we would work together," Garcia said. "It's a process that is still very much underway. The Healthcare Inter-service Training Office (ITO) led the efforts to identify our education and training program curriculum commonalities so that joint curricula could be developed and facilities could be appropriately planned and designed. There are still many areas where each service will still teach their service-specific curricula, too."

The ceremony was held on the future site of the third and fourth medical instruction facilities. These two buildings will house the facilities and equipment necessary to provide advanced training for Navy Corpsmen, and Army and Air Force medics in a variety of advanced enlisted medical specialties, including surgical, medical laboratory, urology, mental health, preventive medicine, Ear, Nose and Throat (ENT), and electroneurodiagnostic technology. Another new building, in conjunction with an adjacent existing building, will house the three services' initial-entry medical training programs for personnel just entering the enlisted medical field – the Navy's Hospital Corpsman, the Air Force's Aerospace Medical Apprentice and the Army's Health Care Specialist. The contract for these two facilities is expected to be awarded in September.

"Contracts have already been awarded, and the contractor has started moving dirt on the first two medical instructional facilities, the first two dorms, the dining facility, and the Navy/Air Force command building," Garcia said. "The fifth medical instructional facility is in the final phases of facility planning with the contract most likely being awarded in March 2009. Everything is on target for a successful move in and stand-up of the campus by the BRAC mandated deadline."

Be at the Head of Your Class — Dental Class That Is!

By Capt. Joanne Adamski, Naval Branch Health Clinic Kings Bay, Ga.

KINGS BAY, Ga. - Warfighters must complete a multitude of tasks when preparing for deployment. Updating legal documents like medical and general powers of attorney and getting the necessary immunizations are just some of the items on a long "to do" list. They rarely, however, consider their dental class and why it is critical to deploy with good oral health.

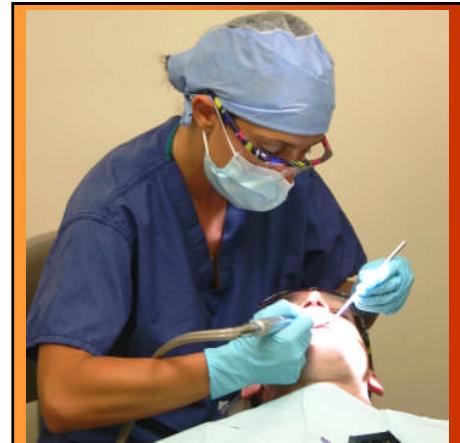
Dental emergencies represent up to 22 percent of all emergency health visits during operations, deployments and field training exercises according to *Navy Medicine* magazine (January 2006). The dental class system helps predict

the occurrence of dental emergencies. This is important since most forward deployed troops are without close dental support. Other units without dental support include submarines and the smaller class surface ships, both of which do not have a dental officer onboard.

What is your dental class? The class schedule is as easy as one, two, three, or four.

It is an oral health and readiness classification system, which standardizes dental readiness, evaluates oral health and prioritizes care. It is an important part of a service member's individual medical readiness.

Patients in Class One have a current dental exam and do not require additional dental treatment



KINGS BAY, Ga. - Lt. Andrea Decerce, DC, performs an oral exam to evaluate the overall dental health of a deploying sailor. U.S. Navy photo by Marsha Childs

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Walter Reed continued...

(Continued from page 2)

will be advanced, lives will be rebuilt and those who wear our nation's uniform will be reminded they have the enduring attitude of the American people."

Bush said the caregivers treating those injured in combat are essential to the overall mission of the U.S. in the war on terrorism. Treating the wounded is not always as easy as it sounds, he said, as specialty care is also a big part of the healing process.

"Our nation is engaged in very different battle for our freedom, yet our success still relies on these anonymous heroes, the healers who care for the troops," Bush said. "Giving our troops the care they deserve requires cutting edge medical facilities and that's what this new facility will provide."

Bush recognized Air Force Staff Sgt. Scott Lilley, who had been critically injured in Iraq, on his recovery and the care he received at the National Naval Medical Center. He recalled meeting Lilley in the Oval Office not long after his injury and the president said he didn't think the Airman would survive. Lilley's strength, determination and his health care provider's aggres-

sive treatment, however, were vital to his recovery, Bush said.

"Thanks to the extraordinary care at Bethesda, as well as his own, he is now back on active duty," Bush said. "Their perseverance has paid off and so has his. Our wounded warriors show why the human body is fragile, the human spirit is strong."

Lilley said he was honored to have Bush mention his recovery during his speech. He said combining the medical expertise from National Naval Medical Center and Walter Reed Army Medical Center will form an unparalleled hospital.

"Having the president here and mentioning me like he did, that's something not everyone gets the chance to have," Lilley said. "I think it's a good thing because it will bring all the doctors closer together."

"This is a great ground-breaking," said Marine Capt. Ray Baronie, Wounded Warrior Battalion's executive officer. "It makes me feel good that Marines and Sailors can go over into harm's way and know there is going to be a state-of-the-art facility for them to be able to come back to if injured."

Joint Task Force National Capital Region — Medical Commander Rear

Adm. John Mateczun said the new facility will mirror the existing buildings around the hospital to preserve the history and image of the original construction. The new facility will be home to some of the best care in the world, he said.

"The exterior design of the medical center will be keeping with President Franklin Roosevelt's vision of what the nation's premier military medical center should look like," Mateczun said. "While the walls on the outside reflect the medical center's historic significance, the inside will house the most state of art medical resources in the world."

Following the ceremony, Bush visited wounded service members in Bethesda's Intensive Care Unit and 5 East Surgical Ward. He met with more than a dozen patients and their families. Similar to his first meeting with Lilley, Bush saw more remarkable recoveries and the latest in medical advancements during his rounds on the wards.

"When Bethesda and Walter Reed merge, this will be the site of many more promising breakthroughs that will not only benefit our troops, but all mankind," Bush said.

BUMED's FIP and M82 Teams Received Awards

From the Bureau of Medicine and Surgery Public Affairs Office

WASHINGTON – Two financial teams at the Headquarters of Navy Medicine have been acknowledged for their unique contributions to the mission of healthcare by improving business process and streamlining financial management. Navy Medicine is not a business, but it is important to understand the business processes that contribute to Force Health Protection, the primary mission of Navy Medicine.

The Bureau of Medicine and Surgery's (BUMED) Financial Policy and Internal Controls (M82) team and the Financial Improvement Program (FIP) Team each received an award from the Office of the Assistant Secretary of the Navy (Financial Management and Comptroller) for streamlined business practices.

"By receiving these awards, Navy Medicine is setting the example for the rest of the Department of the Navy (DoN) in how they con-

duct their business practices," said Dave Howell, M82 team leader, and FIP team member. "These awards, along with the work we do everyday, show Navy Medicine is leading the Navy in its efforts to create clear, effective and efficient business practices."

The M82 Team developed better ways to manage Navy Medicine's travel card and Purchase Card programs for 16,000 cardholders that covers nearly \$200 million in annual travel and over \$850,000 in purchases.

FIP's Team focused on audit readiness by creating a better financial accountability process and providing a more complete financial view of the business of Navy Medicine. This big picture view focused on identifying business processes at over a dozen medical centers and hospitals and includes a broad spectrum of details such as patient check in procedures, property acquisitions and civilian payroll. One very positive result of this effort was to change from a dual system

to a single system for personal property accountability. That effort alone allowed Navy Medicine activities and personnel to better recognize efficiencies in personal property tracking and management while reducing the information technology footprint of duplicate systems. And equally important this has aligned Navy Medicine with Air Force and Army medical commands in the tri-service environment of the Military Health System.

The M82 team, led by Howell includes team members Rosemarie Paradis, John Barnish, Freda King, and Eric Egger. The FIP Team includes Lt. Rebecca Lenher (FIP Lead) (MSC), Melvin Becker and Howell. The awards were presented during the American Society of Military Comptrollers (ASMC) Professional Development Institute (PDI) conference held in Orlando, Fla., May 27 – 30. ASMC is a non-profit educational and professional organization involved in the overall field of military comptrollership.

Dental continued...

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or reevaluation for 12 months. Class Two patients have a current dental exam, but require routine dental care that is not likely to result in a dental emergency within the next 12 months. Warfighters in these classes are deployable worldwide.

Class Three is the classification for patients who have oral conditions that the examining dentist expects will result in dental emergencies within 12 month if not treated. These patients are normally not deployable. Patients in Class Four require an annual or other required dental exam or whose dental classification is un-

known. Their mission readiness is compromised.

There are many concerns when a service member must be transported out of the field or from a ship or submarine. In addition to the pain and suffering the Sailor or Marine endures, the member is lost from the team, which can have an adverse affect on the mission. The evacuation can also be very costly. It can require the coordinated efforts of many military units and it can disrupt operations.

Dental readiness is an important factor in allowing Sailors and Marines to function effectively in the field and underway.

Yokosuka continued...

(Continued from page 3)

the wall and tell me their stories about how they knew the subjects."

Robinson said the mural, and commemorations like it, are important in helping the world remember the sacrifices of those who serve in harm's way.

"When people like HM3 Youn-

gran are able to draw murals and help talk to corpsmen about their experiences, it is truly one of the best and most therapeutic things we can do to affirm to those people who have gone into harm's way and have served selflessly that the people who have died or have been injured that they have not been forgotten," he said.

